

Environmental Health & Safety Camera (CCTV) System Clearance Request

Date of Request: _____

Type of Life Safety System: ___ Burglary___ Access Control___ Video Surveillance
 ___ Fire Alarm

Department: _____

Signature of Department Dean: _____

Signature of Requestor/Project Manager: _____

1. Exact location of area involved (including building number, room number, location within the room, etc...) _____
2. Location of System: _____
3. Number of Cameras/Doors Requested: _____
4. Type of Cameras Requested: ___ PTZ ___ Fixed___ Dome ___ Bullet___
5. Safety or Security issue of concern: _____
6. Existing DVR/IStar Panel/Server: _____
7. Existing Cameras/Doors: _____
8. Location of IDF Room: _____
9. Existing UPS: _____
10. Existing Funding Source/Purchase Order Number: _____

TEXAS SOUTHERN UNIVERSITY OFFICAL RESPONSE

EH&S Safety Specialist: _____ Date: _____

Exe. Director of Public Safety: _____ Date: _____

Authorization to Proceed: ___ Yes ___ No

Exe. Director of Information Technology: _____ Date: _____

Authorization to proceed: ___ Yes ___ No

SAFETY FIRST!